Image# 28991634407 07/24/2008 13:25

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	7			
DEFENDERS OF WILDLIFE ACTION FUND				
(b) Address (number and street)				
(c) City, State and ZIP Code				
WASHINGTON DC 20036	3. FEC Identification Number			
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  X Yes  No	<b>C</b> C90007907			
Individual filers only Name of Employer	Occupation			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report X 24-Hour Notice 48-Hou	ur Notice			
☐ July 15 Quarterly Report				
☐ October Quarterly Report				
☐ January 31 Year-End Report				
(b) Is this Report an amendment? Yes ☐ No 区				
5. COVERING PERIOD: FROM 07 / D 18 / Y Y Y Y Y Y Y Y				
THROUGH				
M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	841.67			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
William Lutz	07/24/2008			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this repo	rt to the penalties of 2 U.S.C 437g.			

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

DEFENDERS OF WILDLIFE ACTION FUND

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee			Date
Office Depot			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3500 S College Ave			Amount 18 2008
City Fort Collins	State CO	Zip Code	116.88
Purpose of Expenditure		Category/	Office Sought: X House State: CO
paper and shredder		Type	House
Name of Federal Candidate Supported or Opposed b	y Expenditure	e:	President District: 04
Marilyn Musgrave			Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		736.97	Disbursement For: X Primary General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Crown Pub			
Mailing Address 134 S College Ave			M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			68.00
City Fort Collins	State CO	Zip Code 80524	
Purpose of Expenditure			Office Sought: V House
staff dinner		Category/ Type	Office Sought: X House State: CO House Senate
Name of Federal Candidate Supported or Opposed by	v Expenditure	): :	President District: 04
Marilyn Musgrave	,		Check One: Support X Oppose
Ochodo Vere To Data Des Floritos			Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		163.65	2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Office Depot			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 3500 S College Ave			0 7 1 9 2 0 0 8 Amount
City	State	Zip Code	21.13
Fort Collins	CO	Zip Gode	
Purpose of Expenditure		Category/	Office Sought: X House State: CO
supplies	C a.a alit	Туре	House Senate District: 04
Name of Federal Candidate Supported or Opposed b Marilyn Musgrave	y Expenditure	<del>)</del> :	Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: X Primary General
for Office Sought		736.97	2008 Cother (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es		206.01
(b) SUBTOTALof Unitemized Independent Expendit	ures		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line			

NAME OF FILER (In Full)

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

DEFENDERS OF WILDLIFE ACTION FUND		
Full Name (Last, First, Middle Initial) of Payee Ed Yoon		Date
Mailing Address 611 Lead Ave SW #502		Amount / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta Albuquerque NN	<u>.</u>	299.52
Purpose of Expenditure mileage	Category/ Type	Office Sought: X House State: CO House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expe Marilyn Musgrave	enditure:	President Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	17726.67	Disbursement For: X Primary General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Office Depot		Date M M / D D / Y Y Y Y
Mailing Address 3500 S College Ave		M M / D D / Y Y Y Y Y Y A Amount
City Sta Fort Collins CC	<u>.</u>	20.24
Purpose of Expenditure posterboards	Category/ Type	Office Sought: X House State: CO House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expe Marilyn Musgrave	enditure:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	736.97	Disbursement For: X Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee Ed Yoon		Date
Mailing Address 611 Lead Ave SW #502		Amount 315.90
City Sta Albuquerque NN	•	
Purpose of Expenditure mileage	Category/ Type	Office Sought: X House State: CO House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expe Marilyn Musgrave	enditure:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	17726.67	Disbursement For: X Primary General  2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		635.66
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		841.67